									Application or Docket Number					
	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								PRD 09911673					
_	· · · · · · · · · · · · · · · · · · ·	CLAIMS A	- PART	RT I (Column 2)			SMALL ENTITY TYPE			OTHER TO				
TOTAL CLAIMS							1	RATE	FE			RATE	FEE	
FOR			NUMBE	A FILED	NUM	IBER EXTRA		BASIC F	EE 385	.00	ΩR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			п	ninus 20=	*	_		X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS				ninus 3 =	*		X43=		\dashv	•	X86=			
М	ULTIPLE DEPE	RESENT						-	\neg	OR		 -		
*	f the differenc	e in column 1 is	less than zero, enter "0" in column 2				' [+145=			OR	+290=		
	CLAIMS AS AMENDED - PART II							TOTAL	- L		OR	TOTAL	770	
_0	2504	(Column 1)	D - PAH (Colum		(Column 3)	SMAL	L ENTIT	Υ . ()R	OTHER SMALL				
AMENDMENT A	В	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADD TION FEI	AL		RATE	ADDI- TIONAL FEE	
NON	Total	. 23	Minus	2	3	=		X\$ 9=			OR	X\$18=		
AME	Independent	4 	Minus	*** 4	l	=	ı	X43=)B	X86=		
<u> </u>	FIRST PRESE	ENTATION OF M		PENDENT	CLAIM			+145=	1	7)R	+290=		
cr 211						L	TOTAL	- 4	┩`		TOTAL			
	8,0,01	(Column 1)		(Column 2) (Column 3)							,	ADDIT. FEE!	·	
AMENDMENT B	C	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADD TION/ FEE	AL.		RATE	ADDI- TIONAL FEE	
NON	Total	. 26	Minus *	** 0	<u>13</u>	= 3		X\$ 9=		0	R	X\$18=	54	
AME	Independent	NTATION OF ML	Minus	***	4	= 3		X43=		٦,	R	X86≃	208	
	THE COL	WATOR OF BR	DETIFIE DE	PENDENT	ZOAIIVI			+145=			R	+290=		
						•	AD	TOTAL DIT. FEE			R A	TOTAL DDIT. FEE	312	
		(Column 1)		(Column		(Column 3)	•					-		
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	4		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	44		= .		X\$ 9=		OF	$\sqrt{}$	X\$18=		
AME	Independent		Minus	***		=		X43=		┨ .	H	X86=		
	HIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT C	LAIM		\vdash			OF	r			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For IN TAIL'S SPACE is less than 30 column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

FORM PTO-875 (Rev. 10/03)

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	PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									RD 09/673						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER T								
TOTAL CLAIMS			23					RATE		FEE	7	RATE	FEE			
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE		355.00	OR	BASIC FEE	710.00			
T	OTAL CHARGE	ABLE CLAIMS	2) minus 20=		•	3 ·		X\$ 9:			OR	X\$18=	<4			
IN	DEPENDENT C	LAIMS	4 m	inus 3 =	•						1	X80=	00			
MULTIPLE DEPENDENT CLAIM PRESENT									\dashv	-	OR	700-	X.O			
* If the difference in column 1 is less than zero, enter "0" in colum						column 2		+135=	_		OR	+270=				
01 41100 40 40000								TOTA	<u>ا</u> ا		OR	TOTAL	844			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co					(Column 3)		SMAL	LE	NTITY	OR	OTHER SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
MON	Total	. 23	Minus		23	. •		X\$ 9=			OR	X\$18=				
AME	Independent	· 4	Minus	***	4	=	I	X40=			OR	X80=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=	1	<u> </u>	OR	+270=				
								TOTA	L.	-		TOTAL				
		(Column 1)		(Colun	nn 2)	(Column 3)	A	NDDIT. FE	εL		OR,	ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE			
	Total	•	Minus	••		=		X\$ 9=	ı		OR	X\$18=				
	Independent	NTATION OF MU	Minus	···	01.4114	-		X40=	T		OR	X80=				
	THE THE SE	NIATION OF MO	CHIPCE DEP	ENDENT	CLAIM			+135=			OR	+270=				
							A	TOTA DDIT, FEI			OR A	TOTAL ADDIT, FEE				
		(Column 1)		(Colum		(Column 3)										
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE			
٥	Total	•	Minus	••		=	Γ	X\$ 9=	Τ		OR	X\$18=				
AME	Independent		Minus	•••		=	-	X40=	十		ŀ	X80=	—-			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR	∧0U≡				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																
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